				STAT	E OF MARYLAND			44.5
0-07293	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	IENE 8 6	4 5	9 3
		CEASED NAME FIRST	MIDDLE		LAST	24 DATE OF BEATTI		26 HOUR
ay be a death	(1111	Danie	el Webster	Bolye	ard	5-11-	86	3;35 A
ma)	3 SE		4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
s of	M	ale	Caucasian	MON	2-18-7898 YEAR	88 YRS.		Min.
eath. Pa	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Garrett	OF DEATH	MD
offer de		TY OR TOWN OF DEATH  akland	11. NAME OF HOSPITAL, GENETAL OF	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (BROWGREEN STOP WORKING LIE	12b. KIND OF INDUSTRY	BUSINESS OR
2120 hours	USU.		A CHER INSTITUTION GIVE RESIDEN		113d INSIDE CITY LIMPTS?	I 3 STREET AMDRESS / JUP CODE	2 1	uns
AN 24	W	v rues	ton Awro.	ra	YES NO	Is STREET ADDRESS / BIP CODE	3, Auro	ia, WV
MARYL ed within gind 2	14. FA	George S.	MIDDLE Bolya	ast	Jelicia	MIDDLE But	26705 Echer	)
execute and cor	16a. V	VAS DECEASED ÉVER IN U.S. AI	RMED FORCES? 166 SOCIA	07-7176	Floyd C. Bol	yard Aurora, WV	Box 33 26705	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 ING PHYSICIAN: The low requires that the dearlicer floath is executed within 24 hr of intending physician.  When this certificate has been signed by the otto ding physic, and completely filled as the burial-transit permit. Then please remove that happy requires prior to burial, crematic of the model hygiene prior to burial, crematic of the model of them 18 shows any injury, or other traumatic event, the medical continuous.	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	ED BY:  ITE CAUSE (o)  DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)	NSECULENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	Y V	IATE INTERVAL SEVAND DEATH
ow remit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDING	SS USED OF DEATH?
TALR The ician. The horset person single of the horset person single of the horset person shows	RTIF					YES NO YE	S 🗍	NO 🗍
MAN: hysic hysic hysic Hranns 188 s		210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)	
SICL And P	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19				
PHY endii	MED	21d INJURY OCCURRED	21e PŁACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NG NG of the ranke arke		AT WORK NOT WHILE			To The state of th	=1110		
NE N		22a.1 certify that (1) (this bose			19 4 4	_ 10 0 11100		not (1) (we) lost
ATTE Spritt CTO Tof 1 for af 1			ot) view the body after death	19 82.0		death accurred an the date and hou	and from the co	ouses stated
AL OR. of the horder of the horder detoched out Depti		22b. SIGNATURE	Holm		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	S/ C DATE S	2/02
HOSPIT, ined by FUNER, ould be d		22d. PHYSICIAN'S NAME (TY)	1-6		220 ADDRESS	rhket		a my
annogg		BURIAL, CREMATION, REMOVA	L 23b. DATE	230 NAME OF	cemetery or crematory	Rt., Awrora, Pr	COUNTY 7	20150
197BP-11	B	urial	5-13-86					//
DHMH - 16 60M 7/84 (VRA 15, 4)	34 +	NERAL DIRECTOR	Litates: N	DORESS	ighland Ave. DAT	E REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATU	RE
ALVANIA DE LA CALLANDA DE LA CALLAND	170	VVVV / //// /	610000000		LUCY IV LUVIUM	THE WAS A PROPERTY OF THE PARTY	the Real Property lines in France	-

787 ..... 187 Story L. The St. Leaving TOTAL TOTAL CONTROL CONTROL WATER WEST which are to the winner are on. 184 ichigna ve.

CARC 1.6. DAKO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 2n DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTS Regina 1986 9:25PM Ann CAMPBELL May 8. 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 21 HP MONTH DAY White Dec. 28, 1902 83 Female To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA WIDOWED DIVORCED Garrett 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Garrett County Memorial Hospital Nurse U.S. Army USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 21550 Garrett Oakland YES 🗔 NO X Star Rt. 2 Box 91 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Michael Elizabeth John Campbell Mary Dunn IN U.S. ARMED FORCES? 16n WAS DECEASED EVER 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Yes 578-38-4855 Mrs. Lena Colaw - same as 13 Career APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c PART I. DEATH WAS CAUSED BY cas IMMEDIATE CAUSE (a) CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES T NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STREET CITY OF LOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NO! WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive on Bluces above, (l) (we) (did) (did nat) view the bady after death. and that in (my) (aur) opinian death accurred on the date and have and from the couses stated 77k SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b

Oakland, Maryland

250 DATE REC'D. BY REGISTRAR 25th REGISTRAR'S SIGNATURE

Allegany

Maryland

Third St.

St. Joseph's Cemetery Midland

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

(VRA 15, 4)

A.E. Mance, M.D.

Durst Funeral Home - Oakland, Md. 21550

236 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECT

manager and the second of the natification of the second of The state of the s The state of the same of the s

Action to the control of the control

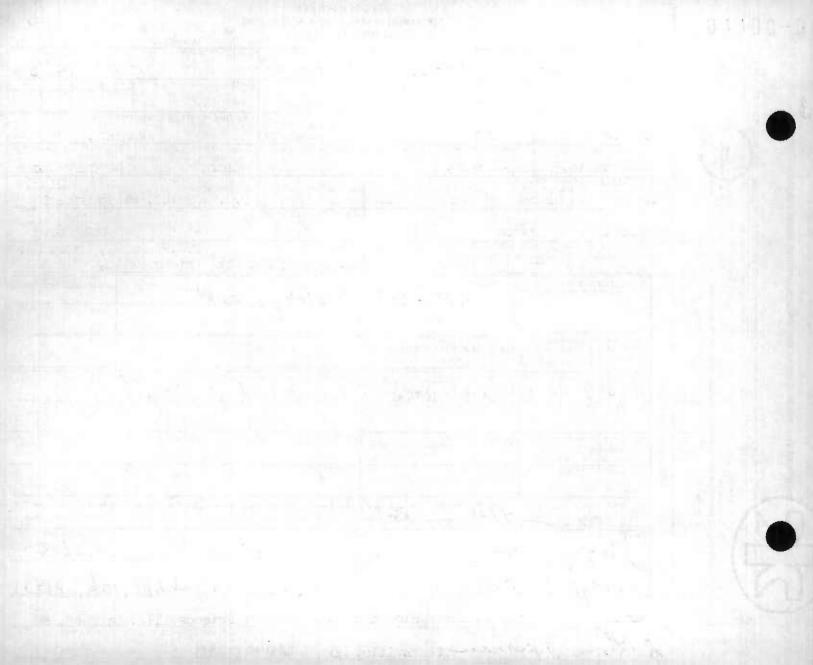
Carried for a second

Translation on the second state and

		1.	FOR		1	DEPART	STAT MENT OF H		ARYLAN AND ME		YGIENE			.4		3 5	
0-0	5582	11-	STATE REGISTRAR				EXAMINE				2.6	Stee	REG. N	10		7 00	
			LA SED NAME	FIRST		MIDDLE		LA	ST		2	O. DATE KI	NOWN 5		DAY	YEAR	2b. HOUR
	Wax No o	7"	A STATE OF THE PARTY OF T	Mary		Jane		DOI	AN			OF DEATH A	E211-	5	1	19 86	524A
	30101	3,58	X 4.	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR			IF UNDER		c DATE	-	MONTH	DAY	YEAR	2d HOUR
	NASCA.	Pe	emale W	hite	11-28-20		65 YRS	MONTHS	DAYS	Hours	MIN. P	PRONOUNC	ED	5	2	19 86	8P M
	AN AND THE	70	BIRTHPLACE (STATE		76. CITIZEN OF WH			MARRIET	NEV	ER MARRI	ED 1	BALTIMO	RE CITY	OR COUN			100 111
	SAN SER	6.	ryland		USA	A		WIDOWE		DIVORCE	general .		Garr	ett			MD.
	PHES /		ITY OR TOWN OF	DEATH	11 NAME OF HOS			OR OTHER	INSTITUT	ION	120 USU	AL OCCUPA	TION (TY	PE OF WORK	12b KI	ND OF BU	SINESS
	E53E7		ccident		Route 1,	Box	27		ral)		Home	emaker	NG EIPE)			Home	
5	28200	USU 113a	AL RESIDENCE (IF	13b. COUN	OR OTHER INSTITUTION, GIV		BEFORE ADMISSION		id INSTOE CIT	TY FIMITS?	13a STRE	ET ADDRESS					10 12
21201	本名名を成べ	Ma	ryland	Garre			ident		YES 🗌	NO 🔯		te 1.		27.	21	520	
WD.	PS ATT		ATHER'S NAME		WIDDLE		LAST	1.	S. MOTHER	R'S MAIDE	NNAME	MIDI	DLE			LAST	
RE,	AGES SW PN 1 AND 1 AND	4	Jonas			Beac	hy		Carı	rie				Diefe			
IWO	FIER DE FORM FORM JES 1 AN	160	WAS DECEASED E	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	10.	. INFORM	ANT		Rt. 1	ADDBES BO	× 27			
BALTIMORE, MD.	JRS AFTER DEATH 3. GIVE PAGES WITH FORM P WITH FORM P PAGES I AN DIVISION DE VII	1	No			218	-09-546	1	Josep	oh Do	lan,	Accid			21520	)	
	MIT. I		18 CAUSE OF D	EATH (Enter onl H WAS CAUSE)	ly one couse per line	for (a), (b)	), ond (c).)	Hori		16	57	1		40	BETV	PROXIMATE	INTERVAL
W. PRESTON ST.,	D WITHIN 24 HOUPENCIL IN ITEM 18 WAINER ALONG 14 TRANSIT PERMITENTAL HYGIENE, OR REMOVAL.		TAMA TO CALL	IMMEDIAT	TE CAUSE (a) LYMI				ases		44	- 1 1			Me	onths	
EST	A AL	3	Conditions	if any, which	DUE TO, OR	AS A CON	ISEQUENCE OF										
	ENCIL MINER TRANS NTAL OR REA		gave rise	ta immediate	< ' '												
201 W	JTED WITH IN PENCIL EXAMINER IAL - TRAN MENTAL ON, OR RE		lying cause		DUE TO, OR	AS A CON	ISEQUENCE OF										
	D-W200		PART 2 OTNER SIGNII	ICANT CONDITIONS	(c)CONTRIBUTING TO DEATH I	DIT NOT BELL	TIO TO THE OT OT	1 015115 0	B COUNTION	Carrier and Date							
DIVISION OF VITAL RECORDS,	PENDING" F MEDICAL D AS A BUR HEALTH ANI L, CREMATI	Z	TAKE TO THE STORM	CANT CONDITIONS	CONTRIBUTION TO DEATH I	DOI NOT KELA	ILO IO INE IERMIN	IL DISEASE U	R CONDITION	DIVEN IN PAR	Ef 1 to:						
REC	L CALEAL	CERTIFICATION	190. DATE OF OF	PERATION	196 CONDIT	ION FOR	WHICH OPERA	ION WAS	PERFORA	MED?				_	20. 4	UTOPSY?	,
I	WORD "F WORD" F WORD "F WORD F BURIOF H	4 8			and the same											ES 🗆	NO A
) F <	THE CONTROLL OF THE CONTROLL O	- E	210 EXTERNAL		21b. TIME OF		DAM WELD	21c. HOV	V INJURY	OCCURRE	D (ENTER NA	ATURE OF INJUR	Y IN ITEM 18	PART I OR P		15 (3	NOL
NO	と下り以下る	7   3	UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P.M.		DAY YEAR	200									
VISIO	REPAIR OF 3 SHOOT	MEDICAL	214 INJURY OCC	CURRED	21e PLACE C			21f. LOCA						24			
٥	公民民任任任	2	WHILE AT WORK	NOT WHILE	) Jimesi, raci	ORT, PARM, E	IC.J	SIRE				CITY OR TOWN		C	YTHUC		STATE
	4			hat took charg	e of the remains desc	ribed aba	ive, held on	Autopsy		Inspection		Inquiry [	v .	nd in my o	DIDIOD		
	돌뜨리다누그		death resulted	1/		Acident	. / stice		Hamici			rmined mani			pinion		
	MEDICAL EXAM EQUIE THE CERTI CE = SHOULD B FULLERAL DIREC THE DEATH, WITH			10	1	1 -	- X.	0	TITLE (SP	ECIFY)							
	SHOULD SHOW NING		ACTUAL SIGNATURE	blu	- 100	- Ser farmer		M.D.	DEPU	ITY	MEDIC	CALEXAMIN	NER	DATE	ED _5_	2-10	86
	WOR WOR	1	EXAMINER'S NA	MF T													
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE				H. Feast		Tr., M.	-	DRESS	107 9	S. 2n	d. St	0	ak lan	d, N	d	
	E00E48	23a.	BURIAL, CREMATIC		36 DATE 5-3-86		NAME OF CEME					ntsvil	10	Carro	INTY	MD ST	ATE
07/B4 25M	BP	24.1	Burial	22	J-3 <b>-</b> 00	G	rantsvi	TTE C		-		REGISTRAR		ISTRAR'S		MIN	
	DHMH - 17 (VR AT5 ME (5))	1	HAME YOUR	1/ Der	MAA ASORESS	Gra	ntsvill	e. MC		MA		1986		LAMIA			les .
	(AK WIS WE (S))		John	1				,		IAIL	10	1200	1		. ,		

208 C AM

0 - 1	06446	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	1 4	3 9	6
			CEASED NAME FIRST	^	AIDDLE	ı	AST	20. DATE OF DEATH		EAR 26	HOUR
	ay be age 3 death	( I A ME	OR PRINT) Ruth	1	Virginia		Faucett		5/5/198	6 5	1/A M
	may po	3. SE	<	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH			INDER 24 HRS
1	1 60		Female	Whit	e	MONTH	7/25/1916	69	YRS.	DAYS HO	URS MIN.
1	2 43 60		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OF		TH	
	175000	Ma	ryland	USA		WIDOWE			Garrett		MD
	7 1 1		TY OR TOWN OF DEATH			G HOME C	ROTHER INSTITUTION	12e. USUAL OCCUPATIO	ON 125. K	IND OF BU	ISINESS OR
5	NA CE	Fr	riendsville,	Maple S	treet	ADDRESS)		Clerk			Store
212	2 2 4	USU/	AL RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			21531
S.	节 量量 人			rett	Friends	ille	YES X NO	P.O. Box 1	81, Maple	Stre	et
I A	4 42 412	14. FA	THER'S NAME	MODIE	LAST		15. MOTHER'S MAIDEN NAM				
MAR	1 18 /10	Na	thaniel	Judson	Fraze	ee	Dosha	MIDDLE	W	akefi	eld
E S	D 0 0 7		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	17 INFORMANT	PADORES	SBox 181,	Mapl	e St.
WO	8 80 4	No	(IF YES, C	IVE WAR OR DATES)	214-24-0	301	Mr. Armour Fa				
ALT	\$ 95 d		18 CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), and						INTERVAL T AND DEATH
, E	phy n per most		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Cank	(x12.	spliton,	1 most			
N S	ding arbc ar re				AS A CONSEQUE	NCE OF	1				
PRESTON	death ce attendin nave cord atten, ar		Conditions, if ony, which	( (b)							
0. 0.			gove rise to immediate couse (a), stating the	DUE TO, OF	R AS A CONSEQUE	NCE OF					
*	that the		underlying cause lost.	(c)_				Maria Anna Santa			
5, 20	gned n ple burn	_	PART 2. OTHER SIGNIFICANT	CONDITIONS	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL PISEASE OR COND	HTION GIVENIN P	ART TID	
OKD.	requent single or to	CERTIFICATION	Hypertensuel	Atheron	selesott	6	Diolase, Mu		Jailus	2	1212
ECO	law s bee	CA	1 0 OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	200. IF YES, WERE I	INDINGS AUSES OF	USED DEATH?
AL	The connection of the state of	Ë						YES NO	YES 🗌	N	10 🗆
I ×	Hys Hys		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF D		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART T OR PA	ART 2)	
Ö	SKCIV ng p	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P./		19			A CARL		
DIVISION OF	1 6 6 7	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, FA	ARM ETC )	211. LOCATION STREET	CITY OR TOW	VN COUP	VTV	STATE
DIVI	ING P After the os the lith and arked		AT WORK NOT WHILE			-					
	OR: OR: NE		226.1 certify that (1) (this has saw the deceased plive of	- 1 1 2 1	deceased from_	25-16	177 19		. 1986	, that	(1) (we) lost
	ATTI Ospit d for d for m 21		alimen, (1) (well (did) (did)		alter death.		nd that in (my) (aut opinion o	death accurred on the dat			
	OR he he he coche coche		216 STIMATURE	M		1.	DEGREE	MEDICAL STAFF	1	DATE SIGN	VED /
	BALL BALL		TRATHYSICIAN'S NAME (TH	Ma		W	PHYSICIAN T	DIRECTOR   PHYSICI	AN	>-6-	- 66
	HOSPITAL Juned by t FUNERAL Sold be def th the Stote		C 2 - 2	STELL!	7		1	51.1	.(11	1 -	100.
	TO HOSPITAL retained by the TO FUNERAL should be deto with the State (IMPORTANT: If		George D	. >101t	t+115		1250 mp/e 51	1-1. Ends	ville, me	1 7	-1531
		73a. E	urial, cremation, remova Burial				EMETERY OR CRIMATORY	23d LOCATION CITY OR TOWN	COUNTY	1	STATE
	BP	-	INERAL DIRECTOR	May 7,	1380   BI	.comir	g Rose Cemete	ry Friendsv			MD
	DHMH - 16 50M 4/B2	1	NAME ( SAME )	Journa.	Grants			- 1000	1 20 11	No	
	(VRA 15, 4)	10	. O and	to the	Grants	ATITE	, MD	MILE MED G	ha Davidson	-Noulde	(China



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REDISTRAR REG. NO. DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) FLICK EDNA BLANCHE 86 05 26 1 SEXFEMALE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE WHITE APRIL 16 HÖURS 1895 TO BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WV USA GARRETT WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR PEABORER OST OF WORKING LIFE NPAPER MILL GOODWITTLACMENNON1TES) HOME GRANTSVILLE ISUAL ISO STATE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND ALLEGANY 15 MOTHER'S MAIDEN NAME FATHER'S NAME SHARRETTS MIDDLE DANTERS SUSAN JOHN<sup>est</sup> MIDDLE 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 216 05 6200 HAZEL DEWITT RT.1 SWANTON MD. 21561 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A/CONSEQUENCE OF Atherospherois Canditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.G. DIVISION OF VITAL RECORDS, CERTIFICATION 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOD YES T NO [ 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (thu hospital) attended the deceased from sow the deceased alive on. and that in (my) (por) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 226. SONATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LITYPE OF PRINT 77e ADDRESS MAY 21, 1986 230 BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL 231 NAME OF CEMETERY OF SEEMATORY ALLEGANY MD REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 SERVICE WESTERNPORT MD. 21562 BOAL FUNERAL (VRA 15 (4))

STATE OF MARYLAND

2012 English ....

16 2.62 31

20 July 14 Let

respect to the property of the contract of the

TVA PARTIES TO SELECT TO S

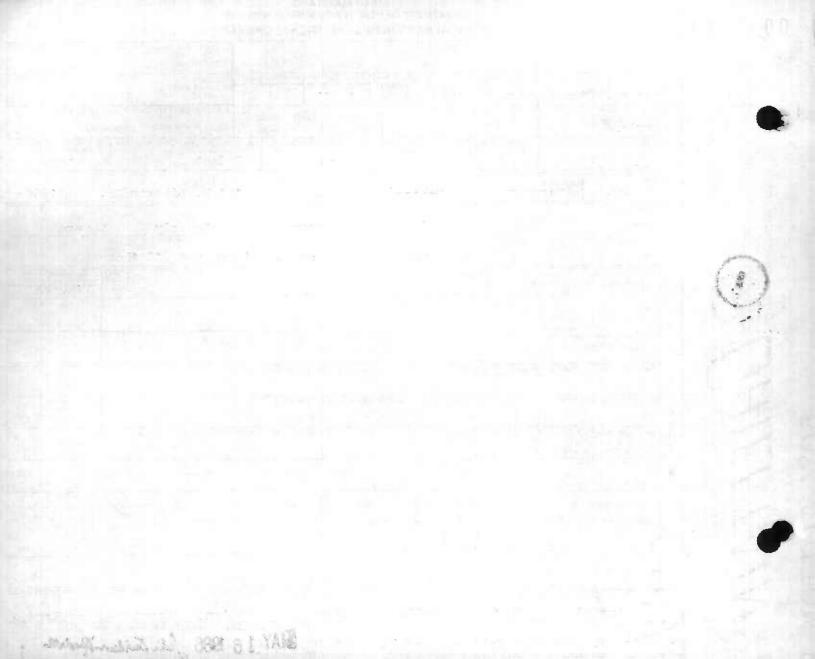
216 05 1100 Troy on 11 nd 11 nd 120 , ng. 21561

XX

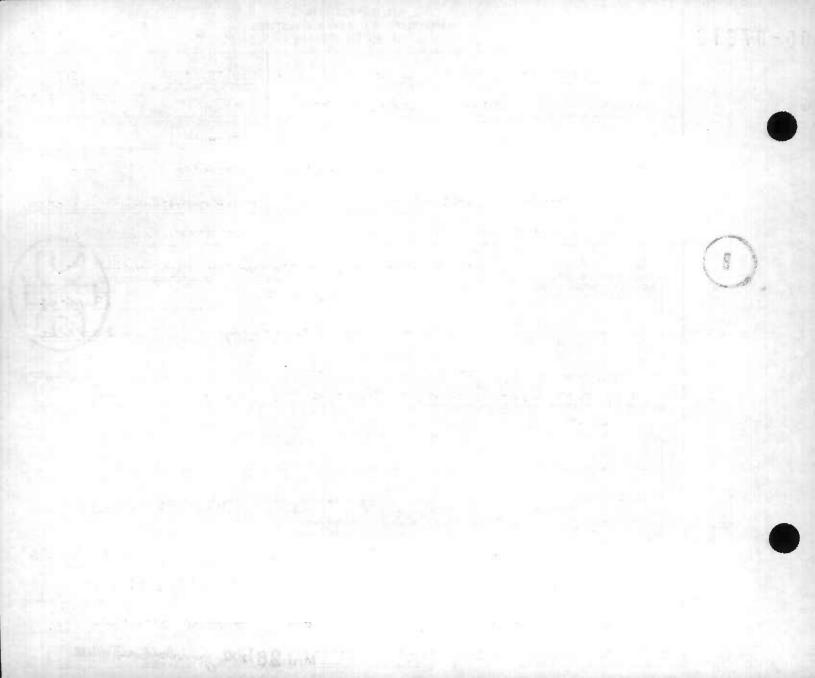
Standbalks we And Stant - Taxon so that a do by 12 and - do by

The second of th

0.0		1-	FOR STATE			EPARTMENT O	HEALTH			13	4		8
0 0	_0003	1 50	REGISTRAR	F FIRST	WEL	DICAL EXAMI	NER'S	ERTIFICA	TE OF DE	P	REG. NO.		
			CEASED NAM	E FIRST		MIDDLE		LAST		20. DATE KNO	MON X MON	TH DAY YE	AR Zb. HOUR
	25 25 25 E			Teres		Ellen		iper		DEATH MAT		-12-869	M
	35 T OF	3. SE	(	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTI			NDER 24 HRS.	2c. DATE PRONOUNCED	MONT	H DAY Y	AR 2d. HOUR
1	N S S S S S S S S S S S S S S S S S S S	F	emale	White	Mar. 29,	1986	YRS. 1	13	JKS MIN.	DEAD		-12-869	2:27æ
1	SELESO-	70. B	RTHPLACE (S	STATE OR	76. CITIZEN OF WH	AT COUNTRY?	I. MADD	IED   NEVER /	AADDIED KT	9. BALTIMORE		JNTY OF DEATH	1
	S S S S S S S S S S S S S S S S S S S		arylan	đ	USA		WIDOW		VORCED	Gar	rett co	ounty	MD.
	A SOLE S	10:C	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION		UAL OCCUPATION	ON (TYPE OF WO	RK 12b. KIND OF	BUSINESS
	303500		oakla	- 43	Garrett	Memorial	Hosp:	ital	I	MOST OF WORKING I	IFE)	OR INDU	one
1201	ANA SANA SANA SANA SANA SANA SANA SANA		AL RESIDENCE TATE Md	113b COUN	OR OTHER INSTITUTION, GIV Crett	E RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Oakland		13d INSIDE CITY LIA		REET ADDRESS 21 W. Li	berty	st. 2	21550
0 2	TVEST I	14. F	ATHER'S NAM	E	MIDDLE			15. MOTHER'S	MAIDEN NAMI	Ε			
**	352970		Roger		Lee	Keiper		Sarah	1	Bever	-1v	Lowers	
OR	#35 7 T	160. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMAN			DDRESS	DOWCEL.	
WITH	1000	- "	NO. OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	None		Roger I	L. Keip	er, See	#13 åb	ove	
1			18 CAUSE C	OF DEATH (Enter an	nly ane cause per line i	far (a), (b), and (c).)						APPROXU RETWEEN O	MATE INTERVAL MSET AND DEATH
3	1330		PARTIDE	EATH WAS CAUSE IMMEDIA	TE CAUSE (a) SU	dden infa	nt dea	ath synd	rome			Min	
1018	200					AS A CONSEQUENC		ATT CALL				10 10 10 10	
38	###### A A A A			ins, if any, which ise to immediate									
*	PENT NEW YEAR			) stating the under-		AS A CONSEQUENCE	OF						
30	NA WAR		lying cat	ose last.	(c).								
RDS	"PENDING" "PENDING IFF MEDICAL SED AS A BU "HEALTH AN CREMATION	-	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASI	E OR CONDITION GIVE	N IN PART 1 (a).				
8	MEDIC MEDIC AS A ALTH /	CERTIFICATION											
1	HOULD "PEI HIEF / USED OF HE/ L, CRE	V	190. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OP	RATIONW	AS PERFORMED	?			20. AUTOF	SY?
VIV.	WORD WORD TE CHIE	T I			45 41 14 14							YES 🗴	ON [
DIVISION OF VITAL RECORDS	ERTIFICATE SHO NG THE WORD D TO THE CHIL SHOULD BE US EPARTMENT OF		UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YE.	AR 21c. HC	DW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OF	R PART 2)	
O	RTIFIC NG THE SHOU OR TO	2	CONTRIBUTI	NG CAUSE OF		19							
SIVIS	THIS CERT WRITING WARDED WAGE 3 SI TATE DEP.	MEDICAL	21d INJURY O			FINJURY (AT HOME, DRY, FARM, ETC.)		CATION TREET		CITY OR TOWN		COUNTY	STATE
	THIS CANARD PAGE STATE 11201 P		AT WORK	NOT WHILE [									
	A F O A N		22a. I certi	ify that I taak charg	ge of the remains desc	ribed above, held an	Autap	sy X Insp	pection ,	Inquiry .	, and in my	apinion	
	AN THE NAME OF THE		death result	ed fram: Natur	ral causes X	Accident .	vicide	, Hamicide [	Undet	termined manner			
	CERT CERT ULLD DIRE WIT	19		Mal	-	V 10		TITLE (SPECI	FY)				
	AL ENTER		ACTUAL SIGNATURE,	MOU	gime Uda	ehill	M	D. Assis	tant MED	ICAL EXAMINER	DA' SIG	TE 5	-12-86
	DIC NE SI	-	EXAMINER'S	NAME	0	- 000-							
	TO MEDICAL EXAMENCE TO MEDICAL EXAMENCE THE CERT PAGE 4 SHOULD TO FUNERAL DIRECTOR AFTER DEATH, WITH BALTIMORE, MARYL		(TYPE OR PRI	NT) M	argarita A	. Korell,	M.D.	ADDRESS	111 Pe	enn Stre	et		
	PA P	23o.B	JRIAL, CREMA	TION, REMOVAL 2		23c. NAME OF C	EMETERY O	R CREMATORY	23d. LC	OCATION OR TOWN	C	OUNTY	STATE
	BP			urial	5/15/86	Oaklan	d Cem		Oal	kland,	Garret	t, Mary	
	DHMH - 17		JNERAL DIREC		ADDRESS			25a_C		REGISTRAR 25			
	(VR A15 ME (5)) 15M 7/77	В	radley	A. Stewa	rt Oakla	and, Maryl	and .	21550	MAY 16	1986	whis David	lan-Range	Me !
										- 0			=

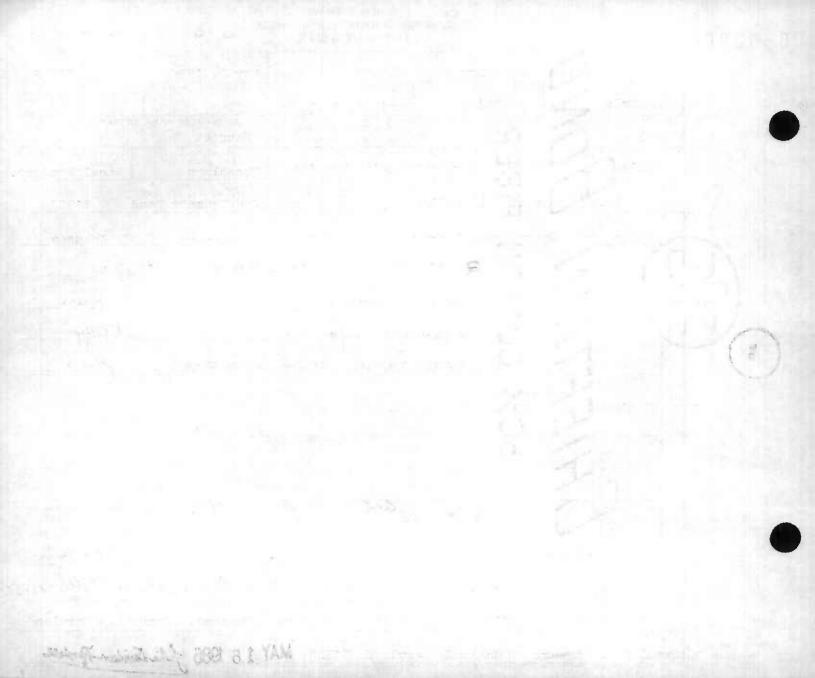


				STATE OF MARYLAND		
0-07616	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O REG. NO.	4599
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
oy be ooge 3 death		Anasta	sia	McCREA	May 15, 1986	645P M
m mo	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	4 1.00	FUNDER LYEAR IF UNDER 24 HRS
ge 4		Female	White	Sept. 29, 1895	90 YRS	JAMES CANAL MANAGEMENT
Po Po Po	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deon The The		Wisconsin	USA	WIDOWED DIVORCED	Garrett	MD
by the fu		TY OR TOWN OF DEATH  Dakland	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS) Memorial Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Home
ING PHYSICIAN: The low requires that the death certificide be executed within 24 hours oftending physicion.  The this certificate has been signed by the oftending physician continuity filled in by on the burnol-thousing permit. Then please remove corbon point the burnol-thousing permit, is a find Memory or service of the please remove corbon points and a filled in the decident of the please of the please remove corporate the please of the please	130.	STATE _ NUMBER	PROTHER INSTITUTION GIVE RESIDENCE BEFO INTY 134 CITY OR TOV Pette Markleys	VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE Spear Convalesc	ent Home 15459
4 74	14. F	ATHER'S NAME	MIDDIE 1AST	15 MOTHER'S MAIDEN NA		
32 JX(	P	1837	UNKNOWNAAAAAAA		AAAA UNKNOWNAAAA	ΔΔΔΔΔΔΔ
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
		No No	180-20-	8771 Mrs. estelle	Buckley Markley	sburg, PA.
		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), a	nd ic i	1- 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy mpo		PART I. DEATH WAS CAUS	ED BY: Go kg	estive Heart	Fullure	10 years
ding orbo		Mulicola	DUE TO, OR AS A CONSEQU	JENICE OF		
then then ve co		Conditions, if any, which	bue 10, OR AS A CONSECU		ency	2048015
he d emo emo rrtro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOL	SENCE OF	1	
by t by t se r othe		underlying cause last.	Due 10, OR AS A CONSECU	JENCE OF		1 1
ned ple		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART I o
significant signif	NO O	atheroso	1	I discose :	cute puncrea	1-1-
beer mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPS#2   20b. IF YES,	WERE FINDINGS USED
hos per ene p	( E				YES NO YES	ING CAUSES OF DEATH?
N. Thysicion of constitution of the constituti	E F	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS PAI	
CIAN: physical physic		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
HYSIN Iding His ce burn Men Or He	MEDICAL	21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
offer the free the hond hond orked or the distribution of the dist	ME.	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC } STREET	CITY OR TOWN	COUNTY STATE
NDIII NO I OI USE A A Leofin			attended the deceased from.	about 1982	10 May 15, 11	9_86, that (1) () last
Spito for of p		saw the deceased alive at above, (1) (we) (did no	ot) view the body after death.	82, and that in (my) ( apinion	death occurred on the date and have	and from the causes stated
OR or hor or hor or hor or hor or heart filtern		226 SIGNATURE		DEGREE		22c. DATE SIGNED
Al Call Al Cal	1	WMa	men	M.P. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-16-86
HOSPITAL ned by fluneRal Jid be detail with State ORTANT:		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	1 1	
TO HOSPITAL Interiored by the TO FUNERAL Ishould be deto with the Store IMPORTANT: H		W. Naur	nann M.	V. Accia	dent MD21.	520
5 5 5 4 3 <del>7</del>		BURIAL, CREMATION, REMOVA	L 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	5/19/86 St	Mary's Cemetery	Homestead Alle	gheny PA.
149999	24 F	JNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	B	cadley A. Stewa	rt Oakland, Ma	ryland 21550 AY	0.6 1486 Julia Davidson	n-Mandelle
,				TAMI Z	TO PARALEST MANAGEMENT	

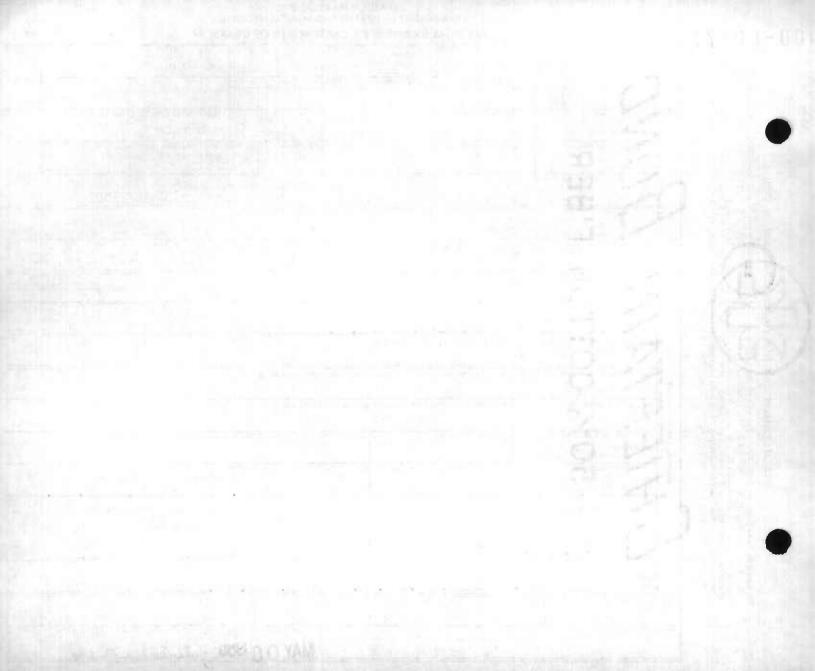


STATE OF MARYLAND KNOWN X WONI (TYPE OR PRINT) OF ESTI-80 Tesse Methery Ray 4. RACE IF UNDER 24 HRS DATE 19:U9F RONOUNCED 80 7-27-1900 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. A Garrett WIDOWED [ DIVORCED TY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HOSPITAL 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Dakland FOR MOST OF WORKING LIFE) ranberry glade AL RESIDENCE DE IN NURSINA 13d INSIDE CITY LIMITS? East View N. H. Preston Jerra Alta, WV 26764 FATHER'S NAME Jane. Wolfe John Hanna 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES Jerra Alta IYES, NO, OR UNKNOWN) yes 116 Adair St. , 11 26764 Rhuea Methery, APPROXIMATE INTERVAL BET VEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Perforated intra-abdominal viscus Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Arteriosclerotic cardio-vascular disease Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK CITY OR TOWN COUNTY STATE 220 I certify that took charge of the remains described above held on Autopsy Inspection and in my opinion death resulted from Hamicide Undetermined manner DATE-14-1986 M.D. MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. TYPE OR PRINT THE BURNAL CREMATION, REMOVAL 236. DATE 5×18-86 Jerra Alta Cemetery Jerra Alta Preston WV H. FUNERAL DIRECTOR 2% REGISTRAR'S SIGNATURE (VR A15 ME (SI)

North Tell U.S. and J. September (1911) Transform Terra Uta Tast Ten il erra alta on tester execute the contract of the contract the second of the second of the second 



			500						AARYLAN								
0.0	0.0.0	1-	FOR STATE				MENT OF					1 0	4	42	0	1)	2
U U -	06272		REGISTRAR	FIRST	MEL	MIDDLE	EXAMIN	FK.2		AIEO	DEA		REG. NO				-
		(TYP	CEASED NAME E OR PRINT)						LAST		1	Or	NOWN X	MONTH	DAY	YEAR	2b. HOUR
	ASE OR. JRS JRS				ella Winif	red F						DEATH A	AATED [	5	4	186	820AM
	PLE FCTE PLE	3. SE)	(	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA		DER 1 YR,	IF UNDER 2		RONOUNC	'ED	HTHOM	DAY	YEAR	
	ON 200 N	f	emale	white	03-12-18	392	94 YR		- DATO	THOUSE .	Mile	DEAD		5	4	186	11A M
	RAIL Y THIN THIN THIN THIN THIN THIN THIN THIN	To BI	RTHPLACE (ST	IATE OR	76. CITIZEN OF WH	AT COUN	TRY?	8 MARR	IED   NEV	/ER MARRIE	рП	BALTIMO	RE CITY O	R COUNT	Y OF D	EATH	
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E. S. FOR YOUR FILES. MITHIN 72 HOURS PRESTON STREET.		MD		USA			WIDOV	/ED 🔯	DIVORCE	D O	Garr	ett				MD.
100	Y S E E E E	)0. CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NU	RSING HOME	, OR OTH	ER INSTITUT	ION		AL OCCUPA		OF WORK	12b KIN	ID OF BU	SINESS
	454	₽G:	rantsvi	11e	Goodwill			Iomo			ret	ired	40 tire)			undr	
5	AIN DE		AL RESIDENCE		OR OTHER INSTITUTION, GIV	E RESIDENCE	OR TOWN	N)	113d. INSIDE CI	TV LIMITES 1	12a STDE	ET ADDRES	c				
212	AND 3 TO RETAIN RECOURT		MD	Ali	egany		umberla	nd	YESX	NO 🗌	E	edfor	d Roa	d/215	502		
9	F 1373	14. FA	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME					107	
3	1/52 ES			illiam J.			LAST		,	W21	Marv	Agnes	Clar	k		AST	
0	100 X 7			EVER IN U.S. AR		16b. SOC	IAL SECURITY	NO.	17. INFORM	MANT		3	ADDRESS				
- 6	DE TEST	10	no, or unkno	(IF YES, GIVE	WAR OR DATES)	215	5-20-74	73	Mary	Virgi	nia	Padfi	eld, f	Cresa	apto	wn, I	MD
6	DON'S S		18 CAUSE O	F DEATH (Enter an	ly ane cause per line	far (a), (b)	, and (c).)									PROXIMATE	
2	0 2 2 E W	10	PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a) Cor			v di	50350						_	ars	AND DEATH
0	ZEGENO OVGENO	1		MUNEDIA			ISEQUENCE C								1	41.5	
98	AA ASS			ns, if any, which	(b) Art	erio	scleros	rie.	gener:	211700	1				- 16	11	
3	* X \$ E E E E		cause (a)	stating the under-	DUE TO, OR				SCHOL		7.3	F-1					
201	VID BE EXECUTED  "PENDING" IN P.  EF MEDICAL EXA  ED AS A BURIAL  HEALTH AND ME  AL CREMATION.		lying cau	se last.	(c)												
SQ	A B B B B B B B B B B B B B B B B B B B	3	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERM	NAL DISEAS	E DR CONOITION	GIVEN IN PART	1 (0).						
00	REA SERVE	Z	F	ractured	right hum	erus											
2	HEF WED A	CERTIFICATION	190. DATE OF				WHICH OPER	N NOITA	AS PERFOR	MED?				-	20 A	UTOPSY?	
TA A		THE													Y	ES 🗌	NO 🗔
40	THIS CERTIFICATE SHE WARDED TO THE CH PAGE 3 SHOULD BE U ZIZOT PRIOR TO BUR	GE		L CAUSE WAS	21b. TIME OF		DAY YEAR	21c. H	YAULNI WC	OCCURRED	(ENTER N	ATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PAR	RT 2)		X
NO	RIFICATI VG THE V SHOULD SHOULD PARTME	3	UNDERLYING CONTRIBUTION	G ⊠ CAUSE OF D	DEATH 945 BAN		21 1986	Fo I	l at l	Jurcin	o U	nm o					
VISIO	RETTING REPED 1 GE 3 SH TE DEPN	MEDICAL	21d. INJURY C	OCCURRED	21e PLACE O	F INJURY	(AT HOME.	21f LO	CATION	WILS II	18 III						
ō	ARP ARP	2	WHILE AT WORK	NOT WHILE DE	Nursin				rsev I	Jotol	Rd.	Grant		cou		3.6.3	STATE
	MEDICAL EXAMINER: THIS I CUTE THE CERTIFICATE WRI ET & SHOULD BE FORWARD FUNEXAL DIRECTOR: PAGE ER DÉATH WITH THE STATE THOUSE, MARYLAND, 2120			0	e of the remains desc			Autap		Inspection		Г		,	arr.	Ma.	
	AND AND		death results			Accident	$\square / /$	cide	, Hamici			Inquiry L		d in my ap	inian		
	EXAM CERTIF ULD B DIREC , WITH MARYL		death result	, INGIO	dictiones (11)	Accident	301	cide	TITLE (SF		Undere	rmined man	ner,				
	2000 X	13	ACTUAL SIGNATURE	farm-	4 t	I /	1100	0	.DEPUT					DATE	. ,	1000	
	DICAL TETE TETE ASE NORE.	/	//						.UITE-UI		MEDIC	CAL EXAMIN	1EK	SIGNE	V=4=	1986	
	EXECUTE THE PAGE 4 5HC TO FUNERA AFTER DEATH BATTER DEATH		EXAMINER'S	NAME James	H. Feast	er.	Ir., M.	_D.	ADDIEQ57	S. 2n	d. S	t 0	aklan	d Ms	rvl	and	
	SAT DAS	23a. Bl		TION, REMOVAL 2			NAME OF CEM					CATION				AL RO. W.	
07/B4	BP	(5	Ru	rial	05-08-198	6 R	ose Hi	11 0	meter	\/	CIIYO	Cumber	land	COUN Δ1	lega	STA	MD
25M	DHMH - 17	24. FU	JNERAL DIREC	TOR	ADDRESS				2	So. DATE RE	C'D. BY	REGISTRAR	25b. REGIS	TRAR'S S	IGNATI	JRE	1.10
	(VR A15 ME (5))		, amount	Scarne	lli, Cumbe	rlan	H MD	1500	M	AYO	ושמו ב	a dist	Jaine	7			
				· varpt	COUNTER		19 11111	1 /1/	- 1111			0	Transie.	- A	in the second	-	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-06737 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN XT LITTER COLPRISED Sarah Elizabeth Rhodes 12,86 215A DEATH MATED 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26 HOUR DATE LAST BIRTHDAY PRONOUNCED White Female 88 YRS 10 -12-97 DEAD 121986 4 AM BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Garrett I CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife Own Home Cuppett-Weeks Nursing Home Oakland 13c CITY OR TOWN 36 COUNTY 13d. INSIDE CITY LIMITS? Yoder's Trailer Mlegany Maryland Pinto 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edward Ida Virginia Eschenbach Dyson ADDRESS Box 2844 Rt. 3 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) 214-12-3754 Juanita Rhodes Liberty, N.C. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cereberal vascular accident Davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which (b) Chronic Brain Syndrome Years gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. 11 (c) Arteriosclerosis, generalized PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES 🗌 NOX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM FTC ) CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER IN EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, IN AFTER DARH WITH HEST BALTIMORE. MARYLAND. 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide Undetermined monner death resulted from: TITLE (SPECIFY) DEPUTY 5-12-1986 SIGNATURE EXAMINÉR'S NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Md. 23a BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY Cremation 5/13/86 Smithburg Crematory tory Smithburg, Wash., MD 07/84 24. FUNERAL DIRECTOR **DHMH - 17** green Deviden Barriage John J. Hafer, Jr. LaVale. MD (VR A15 ME (5))

STATE OF MARYLAND

druol refler c'rebat g Junal Bades Liberty, M.C. down to the second of the seco

STATE OF MARYLAND 00-06384 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH HINOM 2h HOUR LIYPE OR PRINTS Helen Loretta RILEY 10. 1986 6:40 AM Mav 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST DIRTHDAY) IF UNDER 24 HRS IF UNDER TYEAR MONTH Dec. 7, 1902 White Female 78. BIRTHPLACE / STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA Maryland WIDOWED DIVORCED | Garrett IL CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Dennett Road Manor Nursing Home Housekeeper Domestic USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13h COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 146 Hillside Drive Oakland Maryland Garrett YES X NO [ 21550 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Albert. Luther Rilev Rosa Jane Bernard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT Rt. 2 Box 5 Mrs. Gladys Paugh - Oakland, Maryland 21550 579-44-7362 No 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c),) PART I. DEATH WAS CAUSED BY unede IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG NO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES. WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO S YES [ NO [ 210 ACCIDENT WAS UNDERLYING DIVISION OF VIT 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 01 AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive an MZ , and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated KC. obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be der with the State IMPORTANT: PHYSICIAN ( 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS huson 23a BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 5/13/86 Pleasant Valley Cem. Burial (rural) Oakland Garrett Md. 250. DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE P.O. Box 243 DHMH - 16 50M 4/83 a Devidson Randall - Oakland, Maryland 21550 (VRA 15, 4) Durst Funeral Home

Andre and Antertese ore . The state of the DESIGNATION OF THE PROPERTY OF

4391-	FOR		D	ST/ EPARTMENT OF		ARYLAND AND MENTA	L HYGIEN	E			/3	
5	STATE REGISTRAR		MED	ICAL EXAMI	NER'S	ERTIFICATE			REG. NO.	4	2 0	3
	CEASED NAME	FIRST		WIDDLE		LAST		OF ES		5 DAY	3 YEAR 86	430P
3 SE	X 4.	Ada	Ger Is DATE OF BIRTH	trude	EARS IF UN	WAN DER 1 YR. TIF UND	DER 24 HRS	DEATH MA		NTH DA	19 Y YEAR	2d HOUR
	Female	White	Feb. 22,	1896 90	RS.			PRONOUNCED DE AD		5 3	3 1986	
FC	OREIGN COUNTRY) est Virg		76 CITIZEN OF WH	AT COUNTRY?	B. MARR	ED NEVER MA	RRIED	BALTIMORE Ga	city or co	O YTNUC	DEATH	
ID C	Oakland	DEATH	Cuppett-	PITAL, NURSING HOM BUTY, GIVE STREET ADDRESS! Weeks Nurs	ing H	ER INSTITUTION	12e USU	AL OCCUPATION OST OF WORKING	ON (TYPE OF W		KIND OF BUOR INDUST	JSINESS TRY
13a S	ALRESIDENCE (# STATE aryland	13b COUN		13t. CITY OR TOWN Mt. Lake		13d. INSIDE CITY LIMITS YES A NO	13e STRI	et address Oak St	reet	2	1550	
]	ATHER'S NAME Edward	the time of	WIDDLE	Fleming		15. MOTHER'S MA First Etta	IDEN NAME	MIDDLE		Jewe	ell	
16n \	WAS DECEASED E YES, NO, OR UNKNOWN NO	VER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI 218-48-91		Mary Mie	elnick:		. Lake	Parl	, 2	1550
	PARTIDEAT	H WAS CAUSE	TE CAUSE (o)C	oronary ar	OF					ВЕ	Year:	T AND DEATH
NO	gove rise couse (o) st lying couse	to immediate oring the under- lost.	DUE TO, OR A	TTETIOSCLE AS A CONSEQUENCE  UT NOT RELATED TO THE TER	OF							
MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20	AUTOPSY YES	? NO 👿
CALCERT	21a. EXTERNAL OUNDERLYING CONTRIBUTING			MONTH DAY YEA	R 21c Ho	OW INJURY OCCU	RED (ENTER N	ATURE OF INJURY IN	NITEM 18 PART 1	OR PART 2)	723	NO (X
MEDICAL	WHILE AT WORK		21e PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
	220. I certify death resulted  ACTUAL SIGNATURE  EXAMINER'S NA	from: Notur	rol couses X,	ribed obove, held on Accident  , s	Autopurcide M. D.	Homicide TITLE (SPECIFY) D. DEPUTY	Undete	Inquiry X rmined monner CAL EXAMINER St., 0	D SI	ATE GNED	5-3-1	
23e. B	URIAL, CREMATIC	N, REMOVAL 2	3b DATE	23c. NAME OF CE	METERY O	RCREMATORY	23d. LO	CATION		COUNTY	S'	TATE
24 F	Bur:	OR .	5/6/86 ADDRESS	Oakland St. Oakla		25a. DA		cland REGISTRAR 25	Garr REGISTRA	R'S SIGNA	TURE	ryland

								E OF MARYLAND			71.00
00	-08596	1	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	SIENE 8 6	40	0 0
0 0	00330		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		
			CEASED NAME	FIRST	1	MIDDLE		AST	26. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
	nay be page 3 er death	(1.00	CORPRINT)	Olive	er		Sc	chroyer	Max	7 24.86 h	7.507 M
	may er d	3. SE	Х		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF	UNDER 24 HRS
+	ctor.		Male		Whi	te	MONTH	2/20/1910 YEAR	76 yrs.	MONTHS DAYS HO	OURS MIN.
	Pog dire	Jor B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	V	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
	oth Serol		Marylan	2	IIG	Δ	WIDOWE		Carr	rott	
	d thu	10. C	ITY OR TOWN OF DEA		11. NAME OF H	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	rett,	USINESS OR
-	offer ed we		Friendsvil	10.	ROLLE 1	, Box 206	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LI	IFE) INDUSTRY	
120	in by se file	UśU	AL RESIDENCE (IF NURSI	NG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		Timberman	Lumber	
BALTIMORE, MARYLAND 2120	filled by Table 24 hr	13e.	Maryland	Gari	VTY	Friendsv	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	015	2.2
NA NA	1	IA E	ATHER'S NAME	Gall	ecc	riteilusv	TITE	YES NO X	Route 1, Box 206	5 2153	31
ARY	18/1/	14. 1	FIRST		MIDDLE	Calast		FIRST	WIDDLE	LAST	
*	( B 1)/4		Joseph			Schroye	_	Matilda		Upho	old
OR	1 1	100	WAS DECEASED EVER	(IF YES, GIV	E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	Route	1, Box 20	)6
X	2 1 1		NO			213-18-0	1080	Mrs. Grace V	ManSickle Friend		
BAL.	2 A A A A		18. CAUSE OF DEATH PART I. DEATH W.	1 Enter ar	ly ane cause per	line far (a), (b), and	d (cl.)		,	APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
ST.,	g phy on pa emov				E CAUSE (a)	Cove	idre	spira tora	arrest		
ON	ndin corb				DUE TO, OI	R AS A CONSEQUE	NCE OF	1, 1, 1			
PRESTON	deo otte otte otte reum		Canditians, if any,		(b)_	Auth	450	sclerotic	heart disease		
/. PR	the remo		gave rise ta imm cause (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF				
5	that d by ease of, c		underlying cause	last	(c)_						
DIVISION OF VITAL RECORDS, 201	gned gned buri	-	PART 2 OTHER SIGN	IFICANT (	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART To	
ORD	en si The	ě	Mitro		usuff	ticlenc	4.	Longestive		ure.	
EC .	low s be price on pri	CERTIFICATION	190 DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OAERATIO	N WAS PERFORMED	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS	USED DEATH2
AL #	The ician.	Ë							YES NO YE	ES 🗌 N	10 🗆
>	Z Z G G T 8		210. ACCIDENT WAS UND	_		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	#154
0	SICIA ng pl pg pl sertif riol-t entol	₹ V	(IF EITHER, NOTIFY MEDIC		1111		19				
O.	PHYSICIA ending ph this certifi the buriol-th and Mental	MEDICAL	21d. INJURY OCCURR		21e. PLACE (	OF INJURY REET, FACTORY, OFFICE, FA	PAN FIC )	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
N N	offer of the property of the p	2	MHILE NOT WHI	K .		att. The total, of the t, th	and the j				
0	Z Dir S. Al	7.	220.1 certify that (I)	(this haspi				to ber 19 86	10 May 24	19 86_, that	(1) (we) last
-	ATTEND ospital a action of far use to f Hear m 21 is m		saw the decease abave, (1) ( <del>we)</del> (d	d afive an	t) view the body	ofter death.	. ar	nd that in (my) (a apinian	death accurred an the date and hav	or and fram the caus	ses stated
	OR A DIRECTOR	1	226. SIGNATURE		1		2	DEGREE		22c. DATE SIG	NED
	Al th th the leto			2/	ano	- 1	1)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-2	2 4-86
	HOSPITAL timed by the FUNERAL wid be det to the Stote		22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)			220. ADDRESS			
	TO FUNER, should be dwith the SignMPORTAN		wa ter	- N	auma	nn MT	2.	ACCIDE	nt MD 21	520	
	5 5 6 8 8 4	23a. I	BURIAL, CREMATION, I	REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BP		Burial		5/27/8	6 B1	oomin	g Rose Cemete	ry Friendsville	. Garrett	STATE
	DHMH - 16 50M 4/B2	-	UNERAL DIRECTOR	h				7	E REC'D. BY REGISTRAR 256. REGIST		
	(VRA 15, 4)	4	- Osyna	o je	comaci	Grant	svill	e. MD	AY 29 1986 Aukan	Trindson Pa	notesse.
		_						0 1 1 1	- 10001		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L'DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINTS Elliott SHAFFER Erwin 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White June 28, 1915 BERTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY W. Va. Garrett WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Garrett Co. Memorial Hospital Parts Manager Auto URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md . Mt. Lake Pk. Garrett YES 3 NO 321 Shandoah Ave. 21550 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Shaffer David Tewalt Virginia Carrie WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 369 Derrick Ave. 219-01-6699 Yes WW II Mrs. Donna S. Pook - Uniontown, Pa. 1540] 18 CAUSE OF DEATH Enter only one couse per line for (o), (b) and (c.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN MART 1:0 ICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed alive an.

22b. DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LIVE OF PRINTS 311 N. Fourth Street, Suite 1

C.W. Fedde, M.D.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

SPECIFY

Oakland, MD 21550 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY

Burial Garrett Memorial Gard Durst Funeral Home - Oakland, Md. 21550

Oakland Garrett 250 DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

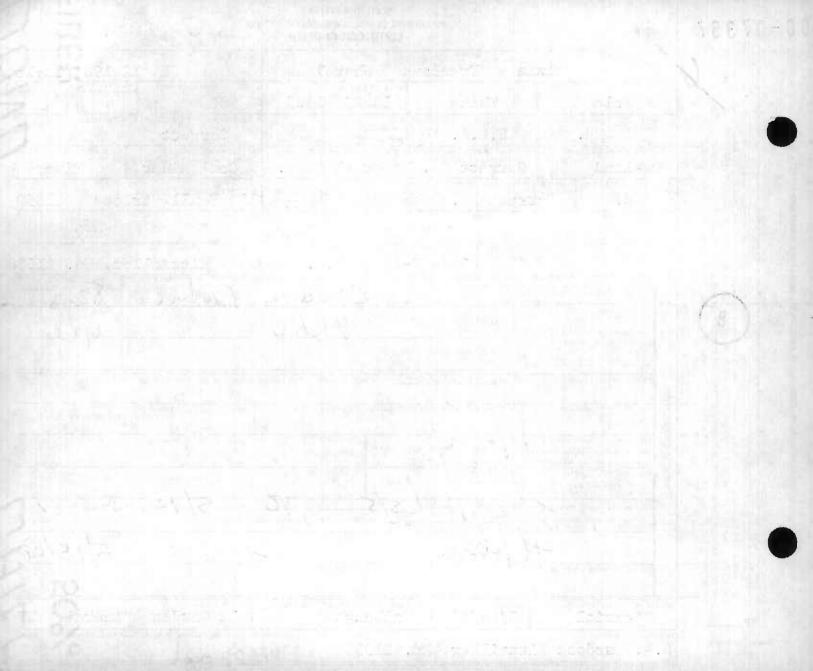
The state of the s

.Mi diegrat beside . See Lekrocol degrat

Ferend

Compt Tunoural Tome - California IV. 22550

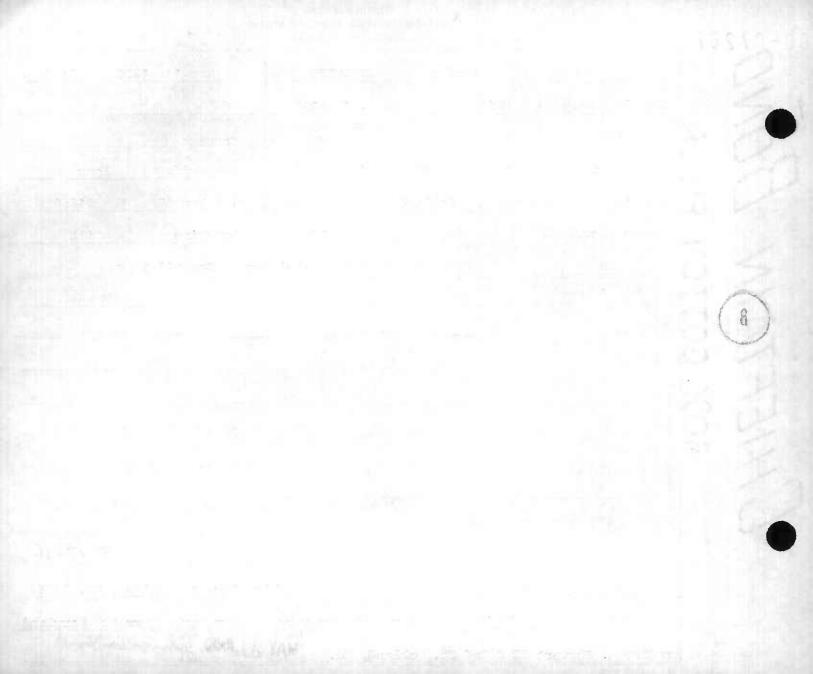
STATE OF MARYLAND 00-07357 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LØECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI Elzia Freeland Sharpless 198 pode IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY 3. SEX 10" 25 PAY 1905 Male White 80 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. Garrett WIDOWEDX DIVORCED | M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Coal Miner INDUSTRY 0akland Garrett Co. Memorial Hosp. Mines JSUAL NE. 130. STATE Md. USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Garrett It. Lake 13d INSIDE CITY LIMITS? 110 Paull Street 21550 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Benjamen Sharpless AUDDLE Elmira Bray 166. SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) 215-07-3961 Kitzmiller, Md. 21538 D.A. Burdock Yes APPROXIMATE INTERVAL BE EWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO [ YES T DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this happital) attended the deceased from sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (ve) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c. DAVE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PIRECTOR PHYSICIAN should be de with the Stati 224 PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Burial 5/14/86 ElkoGärden Mineral Kalbaugh 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 D.A. Burdock Kitzmiller, Md. 21538 MAY 22 (VRA 15, 4)



STATE OF MARYLAND 00-08068 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Scott Wotring SHIRER 1986 Mav 26. 4 P 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH DAY YEAR Male White 3. 1903 Dec. **BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland WIDOWED DIVORCED | USA Garrett ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dakland Dennett Road Manor Nursing Home Master Plumber Plumbing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 1136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? NO Maryland Garrett Oakland YES 😼 111 E. Oak Street 21550 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Wotring Ernest Shirer Grace 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT P.O. Box 153 213-03-1928 NO Mrs. Beth Friend - Swanton, Maryland 2156] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO I 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN T DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS ld b Thomas G. Fourth Street Oakland, Maryland 21550 with w 0 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OF TOWN COUNTY BP 5/29/86 Burial Oakland Cemeterv Oakland Garrett Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO DHMH - 16 50M 4/83 (VRA 15, 4) Oakland, Marvland 2159 Durst Funeral Home

Tunnial C. 20 /nc Cailone Concerv Coilond Correct Usruland

Laurt Tunnyal Come Chiland, Maruland 21/50



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20	
74	0
V	

1461

Chi	The state of the s	74 - 7 4 7	FF0 * 1.								
		tanley	Tien	nell			12 198				٨
1.58	*	4. RACE		MONT	OF BIRTH THE DAY YEAR	6 AGE (IN YEARS LAST BIR		MONTHS!		HOURS	24 HRS MIN.
	Male	White		8	13 1899	87	YRS				
K B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D A NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEA	TH		
	Maryland	US	A	WIDOW		Garrett Co	ountv				M
0 C	ITY OR TOWN OF DEATH			RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	12b. K	IND OF	BUSINE	
	Oakland	Garrett	Momorai		nitol	(TYPE OF WORK FOR MOST C	OF WORKING LIF	-			
USU	AL RESIDENCE (IF NURSING HOME OF					Farmer		ra	rm		_
13a	STATE 136 COUR	VTY	13c. CITY OR T	OWN	134 INSIDE CITY LIMITS?						
	ryland Garre	ett	Swanto	n	YES NO	Rt. 1 Box	238	21 <b>5</b> 6	1		
14 F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			LAST		
W	Villiam C	Tichnel.			Ellen 3		1		LASI		
	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRE					
	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	214-12	_3132	Mr. Raymond	Tichnell St	ion+on	Ma		2156	4
_				. 7174	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIOIMICIE DE	VC21 0 011			ATE INTER	
	Conditions if any which	/	R AS A CONSE	QUENCE OF	111/1 1 7						
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSE	QUENCE OF							
NOI	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OF	R AS A CONSE	QUENCE OF	1	INAL DISEASE OR CON	DITION GIV	EN IN PA	ART Ira		
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	ONTRIBUTING	QUENCE OF	1		20b. IF YES IN CERTIF	S, WERE F	INDIN(		
	gove rise to immediate cause (a), stofing the underlying couse lost PART 2 OTHER SIGNIFICANT (2) DATE OF OPERATION	DUE TO, OF	ONTRIBUTING TION FOR WH	TO DEATH BUT	Imonay Dis	200 AUTOPSY?  YES NOW	20b. IF YES IN CERTIF YES	S, WERE F	INDIN(	F DEAT	
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (COND NO	DUE TO, OF	ONTRIBUTING THOM FOR WH FINJURY M. MONTH	TO DEATH BUT	DIN WAS PERFORMED	200 AUTOPSY?  YES NOW	20b. IF YES IN CERTIF YES	S, WERE F	INDIN(	F DEAT	
	gove rise to immediate cause (a), stofing the underlying couse lost PART 2 OTHER SIGNIFICANT (2) DATE OF OPERATION	DUE TO, OF	ONTRIBUTING  ONTRIBUTING  OTHER  OTHE	TO DEATH BUT TO DE	216. HOW INJURY OCCURI	200 AUTOPSY?  YES NOTER NATURE OF INJUI	20b. IF YES IN CERTIF YE:	5, WERE F YING CA S ART I ORPA	FINDIN( AUSES C	NO [	H? ]
	gave rise to immediate cause io1, storing the underlying couse last underlying couse last part 2 OTHER SIGNIFICANT (2) DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINES (2) ALL INDUSTRIES NOT WHILE NOT WHILE ON THE COURSED WHILE NOT WHILE ON THE COURSE OF THE COUR	DUE TO, OF	DATRIBUTING THOM FOR WH FINJURY M. MONTH M.	TO DEATH BUT TO DE	IN WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY?  YES NOW	20b. IF YES IN CERTIF YE:	S, WERE F	FINDIN( AUSES C	NO [	
	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINED  WHILE  AT WORK  220.1 certify that (1) (this bospe saw the deceased alive an	DUE TO, OF  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O HOUR A./ P./  21c. PLACE ( (AT HOME, STR	DITRIBUTING TION FOR WH FINJURY M. MONTH M. DF INJURY EET, FACTORY, OFFI e deceased fro	DAY YEAR  19  10 DESTRUCTION	216. HOW INJURY OCCURI	200 AUTOPSY?  YES NOTER NATURE OF INJUING CITY OF TO SECURITY OF T	206. IF YES IN CERTIF YE: RY IN ITEM 18 P.	COUN	FINDING AUSES C	of (I) (v	H?
	gove rise to immediate cause (a), stofing the underlying couse lost part of the underlying couse lost part of the underlying couse lost part of the underlying couse of the underlying or contributing cause of der (if either notify medical examines 21d. In Jury occurred while not work at work at work 220.1 certify that (1) (this boson	DUE TO, OF  (c)  CONDITIONS CC  19b. CONDI  19b. CONDI  21b. TIME O HOUR A./ P./  21c. PLACE ( (AT HOME, STR	DITRIBUTING TION FOR WH FINJURY M. MONTH M. DF INJURY EET, FACTORY, OFFI e deceased fro	DAY YEAR  19  10 DEFARM. ETC.)	21c HOW INJURY OCCURI	200 AUTOPSY?  YES NOTER NATURE OF INJUING CITY OF TO SECURITY OF T	206. IF YES IN CERTIF YE: RY IN ITEM 18 P.	COUNTY and from and from and from	FINDING AUSES C	ot (I) (v	H?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINED  WHILE  AT WORK  220.1 certify that (1) (this bases saw the deceased alive an above. (1)  220. SIGNATURE	DUE TO, OF  CONDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I R)  21c. PLACE ( (AT HOME STR  add) attended the	DITRIBUTING TION FOR WH FINJURY M. MONTH M. DF INJURY EET, FACTORY, OFFI e deceased fro	DAY YEAR  19  10 DEFARM. ETC.)	21c. HOW INJURY OCCURION STREET  19 84  nd that in (my) (succepting)  DEGREE  ATTENDING	200 AUTOPSY?  YES NOTER NATURE OF INJUING CITY OF TO SECURITY OF T	20b. IF YES IN CERTIFYE.  RY IN ITEM 18 P.  WN.	COUNTY and from and from and from	AUSES C	ot (I) (v	H?
	gove rise to immediate cause io1, stating the underlying couse last  PART 2 OTHER SIGNIFICANT OF COUNTY SIGNIF	DUE TO, OF  CONDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I R)  21c. PLACE ( (AT HOME STR  add) attended the	DITRIBUTING TION FOR WH FINJURY M. MONTH M. DF INJURY EET, FACTORY, OFFI e deceased fro	DAY YEAR  19  10 DEFARM. ETC.)	21c. HOW INJURY OCCURION STREET  19 84  nd that in (my) (succepting)  DEGREE  ATTENDING	280 AUTOPSY? YES NO NO NOTION	20b. IF YES IN CERTIFYE.  RY IN ITEM 18 P.  WN.	COUNTY and from and from and from	AUSES C	ot (I) (v	H?
	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINED  WHILE  AT WORK  220.1 certify that (1) (this bases saw the deceased alive an above. (1)  220. SIGNATURE	DUE TO, OF  CONDITIONS CO  19b. CONDI  21b. TIME O HOUR A.I R)  21c. PLACE ( (AT HOME STR  add) attended the	PAS A CONSEINANT OF INJURY M. MONTH M. MODERN OFFINIURY DE FLACTORY OFFINIURY de deceased fro	DAY YEAR  19  10 DEFARM. ETC.)	211 LOCATION SIREEI  DEGREE  ATTENDING PHYSICIAN [STENTING]	280 AUTOPSY? YES NO NO NOTION	20b. IF YES IN CERTIFY YES	COUNTY and from and from and from	ART 21  ATY  DATE ST	ot (I) (v	H?
MEDICAL	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINED  WHILE  AT WORK  220.1 certify that (1) (this bases saw the deceased alive an above. (1)  220. SIGNATURE	DUE TO, OF  (c)  CONDITIONS CO  19b. CONDI  19b. CONDI  AIH  HOUR A./  21b. TIME O  HOUR A./  (AI HOME SIR  OR PRINT)	PRAS A CONSEINANT OF THE PROPERTY OF THE PROPE	DAY YEAR  19  100  100  100  100  100  100  100	211 LOCATION SIREEI  DEGREE  ATTENDING PHYSICIAN [STENTING]	280 AUTOPSY? YES NO NO NOTION	20b. IF YES IN CERTIFY YES	COUNTY OF PART 1 OR PART 1	ART 2)  ART 2)  ART 2)  ART 2)	ot (I) (v	H?

DHMH - 16 60M 7/B4 (VRA 15, 4) x x 551

panisment discreted morning to the contract of the contract of

TEAL	poul 'se own.	175	400 (400-200)		
	ne ne	BASE , ES		(A. F. )	100
	+d=			fire	Negleway
and item	neverone'l	(nghuao)		Parison	bratier)
03250	799837 171 CO		in. Taile Dt.	-1	Seps Francisco
f for		ntmen	~~~~		messer
	erst adsit . He . Aft	a comment.			

The state of the s